

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB	APPROVAL							
OMB Number:	3235-0076							
Expires: May 31, 2005								
Estimated average	ge burden							
hours per resp	onse 16.00							
SEC	USE ONLY							
Prefix	Serial							
DATE RECEIVED								
1								

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Name or Original this is an amendment and name has changed, and indicate change.)								
Founder/Common Stock Issuance									
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE								
Type of Filing: New Filing Amendment									
A. BASIC IDENTIFICATION DATA									
Enter the information requested about the issuer.									
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) NanoComposites, Inc.									
Address of Executive Offices (Number and Street, City, State, Zip Code) 131 Rowayton Avenue, Rowayton, CT 06853	Telephone Number (Including Area Code) (203) 857-6000								
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) as above	Telephone Number (Including Area Code)								
Brief Description of Business Developer of nanotechnology composites	PROCESED								
Type of Business Organization	0 860 4.								
☐ corporation ☐ limited partnership, already formed ☐ oth	er (please specify): FEB 0 1 2005								
☐ business trust ☐ limited partnership, to be formed	- con com								
Actual or Estimated Date of Incorporation or Organization: Month Year O 4 U 4 U 5 Genter two-letter U.S. Postal Service Abbreviat CN for Canada; FN for other foreign jurisdiction									

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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	A. DASIC IDENT	IFICATION DATA		
Enter the information requested for theEach promoter of the issuer, if the iss		past five years:		-
Each beneficial owner having the pov		-	more of a class of eq	uity securities of the issuer:
Each executive officer and director o				
Each general and managing partner o	f partnership issuers.			
Check Box(es) that Apply: Promoter	Beneficial Owner		☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Drayson, Peter Barry				
Business or Residence Address (Number an	nd Street, City, State, Zip Code)		
c/o NanoComposites, Inc., 131 Rowayton	Avenue, Rowayton, CT 0685	3		
Check Box(es) that Apply: Promotes	r 🛛 Beneficial Owner	■ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Hall-Tipping, Justin				
Business or Residence Address (Number ar	nd Street, City, State, Zip Code)		
c/o NanoComposites, Inc., 131 Rowayton	Avenue, Rowayton, CT 0685	3		
Check Box(es) that Apply: Promotes	r 🛛 Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if individual)				<u> </u>
Dyke, Chris				
Business or Residence Address (Number as	nd Street, City, State, Zip Code)		
c/o NanoComposites, Inc., 131 Rowayton				
Check Box(es) that Apply: Promotes		☐ Executive Officer	Director	General and/or
				Managing Partner
Full Name (Last name first, if individual)				
Tour, James				
Business or Residence Address (Number a	nd Street, City, State, Zip Code)		
c/o William Marsh Rice University, 6100	•			
Check Box(es) that Apply: Promote		Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
NanoHoldings, LLC				
Business or Residence Address (Number as	nd Street, City, State, Zip Code)		
131 Rowayton Avenue, Rowayton, CT 00	6853			
Check Box(es) that Apply: Promote	r 🛛 Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				<u> </u>
William Marsh Rice University				
Business or Residence Address (Number a	nd Street, City, State, Zip Code)		
6100 Main Street, Houston, TX 77005	•			
Check Box(es) that Apply: Promote	r Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	nd Street, City, State, Zip Code)		
	· · ·			
(Use	blank sheet, or copy and use ac	ditional copies of this shee	t, as necessary)	

					B. IN	FORMAT	ION ABOU	JT OFFER	ING				
l. H	as the iss	suer sold,	or does the	issuer inter		non-accrecer also in A			-		•••••	Yes	No
2. W	/hat is th	e minimu	m investmer	nt that will	be accepte	d from any	individual?	••••••					n/a
3. D	oes the o	offering pe	ermit joint o	wnership o	f a single u	nit?	•••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Yes	No ⊠
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. NONE													
Full N	ame (Las	st name fi	rst, if individ	lual) n/a									
Busine	ess or Re	sidence A	ddress (Nun	nber and St	treet, City,	State, Zip C	Code) n/a						
Name	of Assoc	iated Bro	ker or Deale	rn/a									
States	ы Which	Person I	Listed Has S	olicited or	Intends to	Solicit Purc	hasers						
(Ch	eck "All	States" or	r check indiv	iduals Sta	tes)	••••••			••••••	••••		🗆 A	All States
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[11]	_	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]		[NE]		[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			rst, if individ				··· <u>·</u> ···						
Busine	ess or Res	sidence A	ddress (Nun	nber and St	treet, City,	State, Zip C	Code) n/a						<u></u>
Name	of Assoc	iated Bro	ker or Deale	r n/a									
States	in Which	n Person I	isted Has S	olicited or	Intends to	Solicit Purc	hasers						
(Ch	eck "All	States" o	r check indiv		tes)				• • • • • • • • • • • • • • • • • • • •			🗆 A	All States
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[M		[NE] [SC]	[NV] [SD]	[NH]	[NJ] [TX]	[NM]	[NY]	[NC] [VA]	[ND] [WA]	[ОН] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
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			rst, if individ		~.								
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-			[NV] [SD]	[NH] [TN]	[NJ]	[NM]	[NY] [VT]	[NC]	[ND]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	OCE	EDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		Aggregate	Λ.	nount Aiready
	Type of Security	O	Aggregate Offering Price	All	Sold
	Debt	\$	-0-	\$	-()-
	Equity		\$15,997.26		\$1 <u>5,</u> 997.26
	☑ Common ☐ Preferred	\$		\$	
	Convertible Securities (including warrants)	\$	-0-	\$	-0-
	Partnership Interests	\$	-0-	\$	-0-
	Other (Specify)	\$	-0-	<u> </u>	-0-
	Total	<u> </u>	\$15,997.26	· <u>-</u>	\$15,997.26
	Answer also in Appendix, Column 3, if filing under ULOE.		W(3,777.20	-	\$13,777.20
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number o persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines Enter "0" if answer is "none" or "zero."	f			Aggregate
			Number Investors		ollar Amount of Purchase
	Accredited Investors		4		\$15,997.26
	Non-accredited Investors		0	\$	-0-
	Total (for filings under Rule 504 only)		n/a	\$	n/a
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sole by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		Type of	D	ollar Amount
	Type of Offering		Security	•	Sold
	Rule 505	_	n/a	- \$	n/a
	Regulation A		n/a	<u> </u>	n/a
	Rule 504		<u>n/a</u>	- \$	n/a
	Total		n/ <u>a</u>	<u> </u>	n/a
1.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish at estimate and check the box to the left of the estimate.	y			
	Transfer Agent's Fees			\$	-0-
	Printing and Engraving Costs			\$	-0-
	Legal Fees		\boxtimes	\$	5,000.00
	Accounting Fees			\$	-0-
	Engineering Fees.			\$	-0-
	Sales Commissions (specify finders' fees separately)			\$	-0-
	Other Expenses (identify)			\$	-0-
	Total		\boxtimes	<u>\$</u>	5,000.00

Γ	C. OFFERIN	IG PRICE, NUMBER OF INVESTO	DRS, EXPENSES AND USE OF PROCEED	os	
L	b. Enter the difference between the ag total expenses furnished in response t proceeds to the issuer."	gregate offering price given in resto Part C — Question 4.a. This	ponse to Part C — Question I and difference is the "adjusted gross		\$10,997.26
5.	Indicate below the amount of the adjus of the purposes shown. If the amount to the left of the estimate. The total of issuer set forth in response to Part C—	for any purpose is not known, fur of the payments listed must equal	nish an estimate and check the box		
			Officer	yments to s, Directors & Affiliates	Payments to Others
	Salaries and fees		\$_	-0-	S -0-
	Purchase of real estate		\$_	-0-	S -0-
	Purchase, rental or leasing and installat	ion of machinery and equipment	\$_	-0-	\$0-
	Construction or leasing of plant buildin	gs and facilities	\$	-0-	\$0-
	Acquisition of other businesses (includ in exchange for the assets or securities			-0	\$0-
	Repayment of indebtedness			-0-	\$ -0-
	Working capital			-0	■ \$10,997.26
	Other (specify):			-	
				-0	\$0-
	Column Totals			-0-	⋈ \$ <u>10,997.26</u>
	Total Payments Listed (column totals a	dded)		<u>⊠</u> \$ <u>1</u>	0,997.26
		D. FEDERAL S	IGNATURE		
si	he issuer has duly caused this notice to be gnature constitutes an undertaking by the formation furnished by the issuer to any the second control of the s	e issuer to furnish the U.S. Secu	rities and Exchange Commission, upon		
	suer (Print or Type) anoComposites, Inc.	Signature		Date 1/14	105
	ame of Signer (Print or Type) eter Barry Drayson	Title or Signer (Print or President	Туре)		
<u> </u>		ATTE	NTION		
	Intentional misstateme	nte or omissions of fact constitut	a fodoral criminal violations (Sec. 18	IIS C 1001	`

	E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rul	Yes e?	No ⊠					
	See Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this no (17 CFR 239.500) at such times as required by state law.	otice is filed a notic	e on Form D					
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming has the burden of establishing that these conditions have been satisfied.							
	the issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed by authorized person.	I on its behalf by the	e undersigned					
	Issuer (Print or Type) NanoComposites, Inc. Date 1/14/05							
	ame (Print or Type) Ster Barry Drayson Tifle (Print or Type) President							

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4			5
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)			under UL (if yes explan waiver	ification r State OE , attach ation of granted) -Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		1							
со									
СТ		X	Common Stock \$3,477.67	t	\$3,477.67	-0-	-0-		Х
DE		P 1							
DC									
FL		,							
GA									
ні		? !							
ID									
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IN		4							
IA					-				<u></u>
KS									<u></u>
KY									<u> </u>
LA									L
ME									
MD									
MA					<u></u>				
МІ									
MN									
MS									
МО		7							
MT									
NE									
NV		;							

APPENDIX

1		2	3			4		[:	5 _	
	non-acc invest St	to sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
		1	·	Number of Accredited		Number of Non-Accredited				
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
NH										
NJ							···			
NM										
NY	ļ 				·					
NC										
ND										
ОН										
OK										
OR										
PA								<u> </u>	<u> </u>	
RI		:							<u> </u>	
SC		i								
SD		:								
TN										
TX		х	Common Stock \$12,519.59	3	\$12,519.59	-0-	-0-		х	
UT										
VT				,						
VA										
WA										
wv										
WI										
WY										
PR										